

Deseret Book Company, Salt Lake City, Utah

PLACES: Sharon, Windsor, Vt.

ENTER ALL DATA IN THIS ORDER:
DATES: 14 Apr 1794

To indicate that a child is an ancestor of the person submitting the sheet, place an "X" behind the number pertaining to that child.

HUSBAND

William

ERCANBRACK

Born _____ Place _____
Chr. _____ Place _____
Marr. _____ Place _____
Died _____ Place _____
Bur. _____ Place _____

HUSBAND'S FATHER

HUSBAND'S
OTHER WIVES

HUSBAND'S
MOTHER

Husband
Wife

William
Beverly

ERCANBRACK
BONNER

Ward
Examiners: 1. _____
2. _____

Stake or
Mission

NAME & ADDRESS OF PERSON SUBMITTING SH

RELATION OF ABOVE TO HUSBAND

REL

FOUR GENERATION SHEETS FOR FILING ONLY

YES ☐

DATE SUBMITTED TO GENEALOGICAL SOCIETY



WIFE

Born _____ Place _____
Chr. _____ Place _____
Died _____ Place _____
Bur. _____ Place _____

WIFE'S FATHER

WIFE'S
MOTHER

WIFE'S OTHER
HUSBANDS

LDS ORDINANCE DATA

BAPTIZED (Date)

ENDOWED (Date)

SEALED (Date and Temple)
WIFE TO HUSBAND

HUSBAND

WIFE

SEALED (Date and Temple)
CHILDREN TO PARENTS

SEX M F	CHILDREN		WHEN BORN			WHERE BORN			DATE OF FIRST MARRIAGE TO WHOM	WHEN DIED		
	List each child (whether living or dead) in order of birth Given Names	SURNAME	DAY	MONTH	YEAR	TOWN	COUNTY	STATE OR COUNTRY		DAY	MONTH	YEAR
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												

SOURCES OF INFORMATION



PLACES: Sharon, Windsor, Vt.
ENTER ALL DATA IN THIS ORDER:
DATES: 14 Apr 1794
To indicate that a child is an ancestor of the person submitting the sheet, place an "X" behind the number pertaining to that child.

FAMILY
GROUP
RECORD

HUSBAND <i>Cliff JORDAN</i>										Husband <i>Cliff JORDAN</i>																																																																																																																																																																											
Born _____ Place _____										Wife <i>Jane</i>																																																																																																																																																																											
Chr. _____ Place _____										Ward Examiners: 1. _____ 2. _____		NAME & ADDRESS OF PERSON SUBMITTING SHEET																																																																																																																																																																									
Marr. _____ Place _____																																																																																																																																																																																					
Died _____ Place _____																																																																																																																																																																																					
Bur. _____ Place _____										Stake or Mission																																																																																																																																																																											
HUSBAND'S FATHER					HUSBAND'S MOTHER																																																																																																																																																																																
HUSBAND'S OTHER WIVES										RELATION OF ABOVE TO HUSBAND		RELATION OF ABOVE TO WIFE																																																																																																																																																																									
WIFE <i>Jane Anderson or Johnson</i>										FOUR GENERATION SHEETS FOR FILING ONLY YES <input type="checkbox"/> NO <input type="checkbox"/>																																																																																																																																																																											
Born _____ Place _____										DATE SUBMITTED TO GENEALOGICAL SOCIETY																																																																																																																																																																											
Chr. _____ Place _____																																																																																																																																																																																					
Died _____ Place _____																																																																																																																																																																																					
Bur. _____ Place _____																																																																																																																																																																																					
WIFE'S FATHER					WIFE'S MOTHER					LDS ORDINANCE DATA																																																																																																																																																																											
WIFE'S OTHER HUSBANDS										BAPTIZED (Date)		ENDOWED (Date)		SEALED (Date and Temple) WIFE TO HUSBAND																																																																																																																																																																							
										HUSBAND																																																																																																																																																																											
										WIFE				SEALED (Date and Temple) CHILDREN TO PARENTS																																																																																																																																																																							
<table><thead><tr><th rowspan="2">SEX M F</th><th rowspan="2">CHILDREN List each child (whether living or dead) in order of birth Given Names SURNAME</th><th colspan="3">WHEN BORN</th><th colspan="3">WHERE BORN</th><th colspan="2">DATE OF FIRST MARRIAGE</th><th colspan="3">WHEN DIED</th></tr><tr><th>DAY</th><th>MONTH</th><th>YEAR</th><th>TOWN</th><th>COUNTY</th><th>STATE OR COUNTRY</th><th>TO WHOM</th><th>DAY</th><th>MONTH</th><th>YEAR</th></tr></thead><tbody><tr><td>1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>4</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>5</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>6</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>7</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>8</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>9</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>10</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>11</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>										SEX M F	CHILDREN List each child (whether living or dead) in order of birth Given Names SURNAME	WHEN BORN			WHERE BORN			DATE OF FIRST MARRIAGE		WHEN DIED			DAY	MONTH	YEAR	TOWN	COUNTY	STATE OR COUNTRY	TO WHOM	DAY	MONTH	YEAR	1													2													3													4													5													6													7													8													9													10													11																		
SEX M F	CHILDREN List each child (whether living or dead) in order of birth Given Names SURNAME	WHEN BORN			WHERE BORN			DATE OF FIRST MARRIAGE				WHEN DIED																																																																																																																																																																									
		DAY	MONTH	YEAR	TOWN	COUNTY	STATE OR COUNTRY	TO WHOM	DAY	MONTH	YEAR																																																																																																																																																																										
1																																																																																																																																																																																					
2																																																																																																																																																																																					
3																																																																																																																																																																																					
4																																																																																																																																																																																					
5																																																																																																																																																																																					
6																																																																																																																																																																																					
7																																																																																																																																																																																					
8																																																																																																																																																																																					
9																																																																																																																																																																																					
10																																																																																																																																																																																					
11																																																																																																																																																																																					
SOURCES OF INFORMATION										OTHER MARRIAGES				NECESSARY EXPLANATIONS																																																																																																																																																																							

Yvonne Cummings Watson
Miller
licensed physician's aide

Roy Moulton
Beth Shelton

PLACES: Sharon, Windsor, Vt.

ENTER ALL DATA IN THIS ORDER:
DATES: 14 Apr 1794

To indicate that a child is an ancestor of the person submitting the sheet, place an "X" behind the number pertaining to that child.

FAMILY
GROUP
RECORD

HUSBAND <u>Verdell RITCHIE</u>										Husband		<u>Verdell RITCHIE</u>			
Born _____ Place _____										Wife		<u>Elva HORNER</u>			
Chr. _____ Place _____										Ward		NAME & ADDRESS OF PERSON SUBMITTING SHEET			
Marr. _____ Place _____										Examiners: 1. _____					
Died _____ Place _____										2. _____					
Bur. _____ Place _____										Stake or Mission					
HUSBAND'S FATHER _____					HUSBAND'S MOTHER _____										
HUSBAND'S OTHER WIVES _____												RELATION OF ABOVE TO HUSBAND		RELATION OF ABOVE TO WIFE	
WIFE _____												FOUR GENERATION SHEETS FOR FILING ONLY			
Born _____ Place _____												YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Chr. _____ Place _____												DATE SUBMITTED TO GENEALOGICAL SOCIETY			
Died _____ Place _____															
Bur. _____ Place _____															
WIFE'S FATHER _____					WIFE'S MOTHER _____							LDS ORDINANCE DATA			
WIFE'S OTHER HUSBANDS _____										BAPTIZED (Date)		ENDOWED (Date)		SEALED (Date and Temple) WIFE TO HUSBAND	
										HUSBAND					
										WIFE				SEALED (Date and Temple) CHILDREN TO PARENTS	
CHILDREN										DATE OF FIRST MARRIAGE		WHEN DIED			
List each child (whether living or dead) in order of birth										DAY		MONTH		YEAR	
Given Names SURNAME										TO WHOM					
SEX WHEN BORN WHERE BORN															
M DAY MONTH YEAR TOWN COUNTY STATE OR COUNTRY															
F															
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
SOURCES OF INFORMATION					OTHER MARRIAGES					NECESSARY EXPLANATIONS					

Gwen

Scheerer